Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 14, 2008

Wayne W. Clark, Ph.D., Director Monterey County Mental Health 1270 Natividad Road, Room 200 Salinas, CA 93906-3198

Dear Dr. Clark:

AUDIT REPORT - MONTEREY COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Monterey County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 10,177,311	\$ 10,105,241	\$ (72,070)
Federal Share of Healthy Families	\$ 117,882	\$ 116,089	\$ (1,793)
State General Funds EPSDT Due State	\$ 3,318,654	\$ 3,307,286	\$ (11,368)

Wayne W. Clark, Ph.D., Director January 14, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits - Bay & Central Region

Enclosures

CERTIFIED MAIL

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

			As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL		_			
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	6,238,294 \$	(87,939) \$	6,150,355
HEALTHY FAMILIES - FFP	(Sch. 2a)		117,882	(8,340)	109,542
TOTAL FFP - COUNTY PROIVERS		s <u> </u>	6,356,176 \$	(96,279) \$	6,259,897
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	\$	3,939,017 \$	15,869 \$	3,954,886
HEALTHY FAMILIES - FFP	(Sch. 3b)	-	0	6,547	6,547
TOTAL FFP - COUNTY PROIVERS		\$	3,939,017 \$		3,961,433
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS				
MEDI-CAL - FFP	. NO TID DAO	\$	10,177,311 \$	(72,070) \$	10,105,241
HEALTHY FAMILIES - FFP		•	117,882	(1,793)	116,089
TOTAL FFP - COUNTY PLUS CONTRACT	PROIVERS	\$	10,295,193 \$		10,221,330
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF	(Sch 4)	\$	3,318,654 \$	(11,368) \$	3,307,286

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

COUN	1Y OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Total N	Medi-Cal Gross Reimbursement		-					
l. In	patient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0 \$	\$	0
2. Ot	utpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		9,888,069		(64,992)		9,823,077
3. Er	nhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. Er	nhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		20,572		20,572
5. Ei	nhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Ei	nhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. H	ealthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8. H	ealthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		164,083		(12,505)		151,578
9. To	otal		\$ =	10,052,152	\$	(56,925)	\$	9,995,227
Less: F	Patient & Other Payor Revenues							
10. In	patient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0 9	\$	0
11. O	utpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		11,969		23,162		35,131
12. E	nhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. E	nhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. E	nhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. E	nhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. H	lealthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. H	lealthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18. To	otal		\$ _	11,969	\$	23,162	\$ <u></u>	35,131
Medi-	Cal Net Reimbursement for Direct Services							
19. In	npatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0 3	\$	0
20. O	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		9,876,100		(67,582)		9,808,518
21. E	nhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. E	Chhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. H	lealthy Families-I/P	(Ln 7 - Ln 16)		0		0	÷	0
24. H	lealthy Families-O/P	(Ln 8 - Ln 17)		164,083		(12,505)		151,578
25. T	otal		\$ =	10,040,183	= \$	(80,087)	\$_	9,960,096
Medi-	Cal MAA Reimbursement							
26. Se	ervice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27. Se	ervice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		56,107		(56,107)		0
28. Se	ervice Functions 21-19	(MH1979, Ln 13, Col. A)		0	_	0	_	0
29. To	otal		\$	56,107	- \$	(56,107)	\$	0

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		_	713 Gettreu	-	Aujustinents	-	As Audited
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0	-	0	-	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		Ö		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total	(,,	\$_	0	\$_	0	\$ _	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	2,632,699	\$	(5,982)	\$	2,626,717
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	1,747,605	\$		\$_	1,921,731
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ _	1,747,605	\$_		\$ _	1,921,731
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limi	it (MH1979, Ln 8)	\$	16,408	\$	(246)	\$	16,162
41. Healthy Families Administration	(MH1979, Ln 9)	\$	49,932	\$	(20,340)	\$	29,592
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ _	16,408	\$_	(246)	\$ _	16,162
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	305,808	\$	(125,747)	\$	180,061
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	48,198	\$	(10,125)	\$ =	38,073
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	5,082,983	\$	(46,375)	\$	5,036,608
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		13,424		13,424
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	28,054		(28,054)		0
49. Administrative Reimbursement	(MH1979, Ln 6)		873,802		87,064		960,866
50. U.R. Skilled Professional	(MH1979, Ln 14)		229,356		(94,310)		135,046
51. U.R. Other	(MH1979, Ln 15)		24,099		(5,063)		19,037
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$ _	6,238,294	\$	(73,314)	\$_	6,164,980
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0		14,625		14,625
56. Total SD/MC Reimbursement - FFP		\$	6,238,294	\$	(87,939)	\$	6,150,355
Net Healthy Families Reimbursement - FFP		=		= :		: =	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	107,176	\$	(8,180)	\$	98,996
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		, 0
59. Administrative Reimbursement	(MH1979, Ln 10)		10,706		(160)		10,546
60. Total Healthy Families Reimbursement - FFP	. , ,	\$ _	117,882	- \$	(8,340)		109,542
61. Total - FFP (Ln 56 + Ln 60)		\$_	6,356,176	\$	(96,279)	\$	6,259,897
		=		= :		: =	(To Sch. 1)

MONTEREY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		8	(1)	{2}	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Regular M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy	Regular M/Cai	EPSDT Enhanced -	Enhanced -	Total	Healthy
Legal			and EPSDT	Children	Refugees	Gross Reimb.	Families	and EPSDT	Children	Refugees	Gross Reimb.	Families
Entity			Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.	Gross Riemb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.
Number	Legal Entity	Г		l N∷p	A	E N T			O U T			
		-	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
			Ln 11,11A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 11,11A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
						_					0.047.070.0	_
	Interim, Inc.	\$	0								3,247,876 \$	
	Unity Care Group, Inc.	\$	0		\$ 0						2,327,205 \$ 0 \$	0 0
00129	Natividad Medical Center	\$	790,840		\$ 0						149,114 \$	0
00255	Odd-Fellow Rebekah	\$	0		\$ 0			The second secon			245,921 \$	0
00273	Edgewood	\$	0		\$ 0	\$ 0					41,026 \$	0
00386	Milhous Children's Services	\$	0	•	•						3,999 \$	0
00457	Sunny Hills	Þ	0	-							29,640 \$	0
00461	Summitview	Þ	0		•						9,253 \$	0
00484	North Valley Schools	2	0		\$ 0 \$ 0						108,517 \$	0
00541	Charis Youth Center	Þ	0		\$ 0						701,598 \$	10,042
00594	Proyecto Unidad	4	0		\$ 0						600 \$	10,042
	FSA of Pajaro Valley	a a	0		\$ 0 \$ 0						40,055 \$	0
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		\$_	790,840	\$ 0	\$0	\$ 790,840 \$	50\$	6,893,775	11,029 \$	0 \$	6,904,804 \$	10,042

MONTEREY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		*	(11) Total	(12) Healthy	(13) Total	(14) Healthy	(15) Total	(16)	(17) Total	(18)	(19) Total
Legal			Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity		INPATI	ENT	OUTPA	TIENT	INPA	TIENT	OUTP	ATIENT	Reimbursement
		-	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)					Ln 11-13)
00127	Interim, Inc.	\$	0 \$	0 \$	8,451 \$	0 \$					0
	Unity Care Group, Inc.	\$	0 \$	0 \$	87 \$	0 \$			-, -, -		0
00129	Natividad Medical Center	\$	0 \$	0 \$	0 \$	0 \$					0
	Odd-Fellow Rebekah	\$	0 \$	0 \$	0 \$	0 \$					0
00273	Edgewood	\$	0 \$	0 \$	0 \$	0 \$		0			0
	Milhous Children's Services	\$	0 \$	0 \$	0 \$	0 9		0			Ü
	Sunny Hills	\$	0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$		0 :			U
	Summitview North Valley Schools		0 \$ 0 \$	0.5	0 \$ 0 \$	0 3		0			0
	Charis Youth Center	9	0 \$	0.\$	0.\$	0 \$		0			0
	Proyecto Unidad	•	0 \$	0 \$	0 \$	0 \$		0 :			0
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	GRAND TOTAL	\$	<u> </u>	0 \$	8,538 \$	0 \$	790,840 \$	0 8	6,896,266 \$	10,042 \$	0

MONTEREY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

			(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity			TIENT		TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00127	Interim, Inc.	\$	0 \$	0 \$	0 \$	0 \$	1,667,180 \$	0 \$	1,667,180 \$	2,010,220 \$	1,667,180
00128	Unity Care Group, Inc.	\$	0 \$	0 \$	0 \$	0 \$				1,335,936 \$	1,197,221
00129	Natividad Medical Center	\$	0 \$	0 \$	0 \$	0 \$				746,830 \$	405,219
00255	Odd-Fellow Rebekah	\$	0 \$	0 \$	0 \$	0 \$			76,489 \$	161,113 \$	76,489
00273	Edgewood	\$	0 \$	0 \$	0 \$	0 \$				164,846 \$	127,013
00386	Milhous Children's Services	\$	0 \$	0 \$	0 \$	0 \$				27,734 \$	21,060
00457	Sunny Hills	\$	0 \$	0 \$	0 \$	0 \$				10,478 \$	2,174
00461	Summitview	\$	0 \$	0 \$	0 \$	0 \$				24,389 \$	15,195
00484	North Valley Schools	\$	0 \$	0 \$	0 \$	0 \$				11,154 \$	4,866
00541	Charis Youth Center	\$	0 \$	0 \$	0 \$	0 \$				79,110 \$	55,385
00594	Proyecto Unidad	\$	0 \$	0 \$	0 \$	0 \$			368,730 \$	542,232 \$	368,730
00595	FSA of Pajaro Valley	\$	0 \$	0 \$	0 \$	0 \$				2,591 \$	313
00868	FSA of Monterey County\	\$	0 \$	0 \$	0 \$	0 \$	20,588 \$	0 \$	20,588 \$	128,500 \$	20,588
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	GRAND TOTAL	\$	0 \$		0 \$	0 \$	3,954,886 \$	6,547 \$	3,961,433 \$	5,245,133 \$	3,961,433

(To Sch. 1)

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	16,755,914	(51,130)	16,704,784
(2) Total SD/MC Claims	17,991,499	0	17,991,499
(3) Percent % (Line 1/Line 2)	0.9313	(0.0028)	0.9285
(4) EPSDT Claims	9,230,584	0	9,230,584
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	8,596,443	(26,011)	8,570,432
(6) Cost Settled Baseline for EPSDT	1,385,676	0	1,385,676
(7) Net Cost Settlement Amount (Line 5 - Line 6)	7,210,767	(26,011)	7,184,756
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	3,501,548	(12,631)	3,488,917
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))	1,672,605	0	1,672,605
(8b) Annual Local Growth (8) - (8a) = 8(b)	1,828,943	(12,631)	1,816,312
(9) County Match 10% of Local Growth (8b) x 10% = (9)	182,894	(1,263)	181,631
(10) Net Cost settlement amount (8) - (9) = (10)	3,318,654	(11,368)	3,307,286
(11) SGF Distribution Settled and Audited	3,318,654	0	3,318,654
(12) SGF Due (State)	0	(11,368)	(11,368)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provide				Provider Number 00027	No. of Adj. 89				l Ended 2003
	MONTER		NIY	00027		-		, 30, T	
	Report Re	ference	r	EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	İ	Increase (Decrease)		As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			
				ADJUSTMENTS TO REPORTED COSTS					
1	MH 1960	2	С	ENCUMBRANCES	\$ 1,534,187	\$	(913,546)	\$	620,641
				To adjust the encumbrances to agree with the County's records and supporting documentation.					
2	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)	\$ (9,593,114)	\$	(1,542,403)	\$	(11,135,517)
				To adjust the payments to contract providers to agree with the County's records and supporting documentation.					
3	MH 1960	4	С	OTHER ADJUSTMENTS	\$ 140,550	\$	1,535,532	\$	1,676,082 *
				To adjust other adjustments to account for the following:					
				Countywide Cost Allocation (A-87) Costs \$ 773,090 Public Guardian (559,924) Total Allowable Other Adjustments \$ 213,166					
4	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	\$ (862,621)	\$	(67,844)	\$	(930,465) *
				To adjust medi-cal adjustments to accunt for the changes in the computation for fixed assets depreciation.					
5	MH 1960	6	С	MEDI-CAL ADJUSTMENTS **	\$ (930,465)	\$	575,227	\$	(355,238) *
				To adjust medi-cal adjustments to add back the Public Guardian costs that were already deducted in other adjustments reflected in the MH 1960 Line 4.					
				To reclassify allocated depreciation expense back to Administration. Allocation of depreciation expense based on salaries is not acceptable.					
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

rovide					Provider Number	No. of Adj.	Fiscal	Period Ended
	MONTER	EY COU	NTY		00027	89	June	30, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
6	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$ (355,238)	\$ 396,330	\$ 41,092
				To adjust medi-cal adjustments to reverse the original adjustme that could not be traced in the County's records that supported t	nt to CALWORKS he cost report.			
7	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 18,071,863	\$ (16,704)	\$ 18,055,159
				To adjust allowable costs for allocation to reflect the effect of ad 1 through 6 above.	justments			
8	MH 1960	9	С	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION		\$ 1,747,605 \$ 49,932	\$ 280,420 \$ 8,012	\$ 2,028,025 \$ 57,944
9 10 11	MH 1960 MH 1960 MH 1960	10 11 12	CCC	NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 699,042 \$ 2,496,579	\$ 112,168 \$ 400,600	\$ 811,210 \$ 2,897,179
				To adjust SD/MC, Healthy Families and Non-SD/MC administrative result of adjustments 1 through 6 above. The distribution betwee Healthy Families and Non-SD/MC administrative costs were based reported administrative costs reflected on the original cost reported.	en SD/MC sed on the			
12	MH 1960 MH 1960	9 10	C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION	**	\$ 2,028,025 \$ 57,944	\$ (106,294) \$ (28,352)	\$ 1,921,731 \$ 29,592
13 14	MH 1960	11	С	NON-SD/MC ADMINISTRATION	**	\$ 811,210	\$ 134,646 \$ 0	\$ 945,856 \$ 2,897,179
	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS To allocate SD/MC, Healthy Families and Non-SD/MC administres based on the gross cost method of allocation. The County could the method used to distribute the costs between the above cate the auditor utilized a reasonable and acceptable method.	rative costs d not demonstrate	\$ 2,897,179	\$	2,031,113
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

California Health and Human Services Agency

Department of Mental Health

Provide	r				Provider Number	No. of Adj.		Period Ended
	MONTER	EY COU	NTY		00027	89	June	30, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
140.	301.	Lilie	001.	ADJUSTMENTS TO REPORTED COST				
15 16 17 18	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 305,808 \$ 48,198 \$ 354,006	\$ (125,746) \$ (10,125) \$ 99,677 \$ (36,194)	\$ 180,062 \$ 38,073 \$ 99,677 \$ 317,812
				To adjust utilization review costs to agree with the County's rec supporting documents. The gross cost method of allocation we since the County could not support a reasonable or acceptable	as utilized methodology.			
				ADJUSTMENTS TO ALLOCATION OF COSTS T MODES OF SERVICE	<u>o</u>			
19 20 21 22 23	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	4 5 6 7 8	A A A A	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM OUTREACH SERVICES (MODE 45) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60)	2)	\$ 1,518,349 \$ 12,950,931 \$ 243,601 \$ 126,339 \$ 382,057	\$ (204,436) \$ 76,873 \$ (243,601) \$ (126,339) \$ 116,396	\$ 1,313,913 \$ 13,027,804 \$ 0 \$ 0 \$ 498,453
				To reflect adjustments 1 through 6 above.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		iod Ended
	MONTER	EY COU	INTY	The state of the s	00027	89	June 30	0, 2003
Adi	Report Re	ference	<u> </u>	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Sch.	Line	Col.	EXI LANATION OF AGENT AGGOTTED				-
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVE COUNTY PROVIDERS	/ICE/TIME			
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	MH 1966 MH 1966	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 4 5 6 7 8	SFC 15-01 (Page 1 of 1) SFC 15-10 (Page 1 of 1) SFC 15-60 (Page 1 of 1) SFC 15-70 (Page 1 of 1) SFC 15-71 (Page 1 of 1) SFC 15-11 (Page 1 of 1) SFC 15-61 (Page 1 of 1) Provider 2793 - SFC 15-30 Provider 2793 - SFC 15-40 Provider 2794 - SFC 15-10 Provider 2794 - SFC 15-30 Provider 2794 - SFC 15-30 Provider 2795 - SFC 15-30 Provider 2795 - SFC 15-30 Provider 2796 - SFC 15-30 Provider 2796 - SFC 15-40 ASO SFC 15-30 To adjust total units of service to agree with the County's reconsupporting documents. Phase II units of service were extracted Program 1 and settled in Program II.		1,793,387 3,276,742 510,895 139,727 32,385 7,455 0 0 0 0 0 0 0 9,529	74,300 144,901 38,211 3,000 (32,385) (7,455) 445 530 8,810 780 50 1,650 200 2,000 750 27,600 (9,529)	1,867,687 3,421,643 549,106 142,727 0 0 445 530 8,810 780 50 1,650 200 2,000 750 27,600 0
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	er MONTERE	Y COL	INTY		Provider Number 00027	No. of Adj. 89		eriod Ended 30, 2003
	Report Re			EVELANATION OF AUDIT AD HIGHMA	NITO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	IN I S	Nepolica	(Decrease)	, wydoted
				ADJUSTMENTS TO REPORTED SD/MC UNITS/ COUNTY PROVIDERS - PROGRAMS 1 AND				
41 42 43 44 45 46 47 48	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 MEDI-CAL UNITS 10/01/02 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30 ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 06/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02 HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03 To adjust the above mentioned settled units of service/time for Operated facilities to agree with the State DMH Approved Clair dated March 27, 2007. The auditor submitted work papers to the County which shows the details of the above adjustments. Phincluded. See the MH 1970 worksheets that reflect the units/tit three (3) reimbursement periods.	o/03 the County ms Report the ase II was	950,891 3,167,201 24,250 16,476 0 0 0 22,049 44,046	34,814 (770) (615) 33,409 2,658 7,076 0 2,430 30,934	985,705 * 3,166,431 * 23,635 * 49,885 * 2,658 * 7,076 * 0 * 24,479 * 74,980 *
49 50 51 52 53 54 55 56	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 MEDI-CAL UNITS 10/01/02 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 09/30/02 ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02 ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02 HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03 To adjust the SD/MC, Enhanced and Healthy Families units of to agree with the County's records and supporting documents. submitted work papers to the County which shows the details of adjustments. Phase II was included. See the MH 1970 works reflect the units/time for the three (3) reimbursement periods. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	o/03 ** ** ** ** service/time The auditor of the above	985,705 3,166,431 23,635 49,885 2,658 7,076 0 24,479 74,980	(3,485) 9,366 (17,067) 13,269 542 4,986 0 (2,430) (30,934)	982,220 * 3,175,797 * 6,568 * 63,154 * 3,200 * 12,062 * 0 * 22,049 * 44,046 *

Provide	er MONTERE	Y COL	INTY		Provider Number 00027	No. of Adj. 89		eriod Ended 30, 2003
	Report Re			EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF ADDIT ADDITION			,	
				ADJUSTMENTS TO REPORTED SD/MC UNITS/ COUNTY PROVIDERS - PROGRAMS 1 AND	<u>TIME</u> <u>2</u>			
57 58 59 60 61 62	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 MEDI-CAL UNITS 10/01/02 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30 ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02 HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03 To adjust the above mentioned units of service/time to incorpo of the lower of DMH approved units vs. the County's records by auditor submitted work papers to the County which shows deta adjustments. Phase II was included. See the MH 1970 sorksh reflect the units/time for the three (3) reimbursement periods.	o/03 * * * * * * * * * * * * *	982,220 3,175,797 6,568 63,154 3,200 12,062 0 22,049 44,046	3,089 (2,159) (5,875) (17,089) (542) (5,386) 0 0	985,309 3,173,638 693 46,065 2,658 6,676 0 22,049 44,046
				** Balance brought forward from prior adjustment.				

Provide	monteri	EY COL	JNTY		Provider Number 00027	No. of Adj. 89	Fiscal Per June 30	
0.4:	Report Re	ference		EXPLANATION OF AUDIT ADJUSTMEN	ITS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Sch.	Line	Col.	EXPERIMENTAL PROPERTY.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS/TI CONTRACT PROVIDERS	<u>ME</u>			
63 64 65 66 67	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 MEDI-CAL UNITS 10/01/02 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02 ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	03	390,874 1,106,030 0 0 0 0 0 0 0	(7,506) 201,610 0 0 3,093 0 1,285 935	383,368 * 1,307,640 * 0 * 0 * 3,093 * 0 * 1,285 * 935 *
68 69 70 71 72 73 74 75	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claim dated March 27, 2007. The auditor submitted work papers to the County which shows the details of the above adjustments. Phasi included. See the MH 1970 worksheets that reflect the units/time three (3) reimbursement periods. MEDI-CAL UNITS 07/01/02 - 09/30/02 MEDI-CAL UNITS 10/01/02 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 06/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/02 - 06/30/03 To adjust the SD/MC, Enhanced and Healthy Families units of significance of the state of th	s Report e se II was e for the	383,368 1,307,640 0 0 0 3,093 0 1,285 935	(852) (2,832) 998 969 574 928 0 (711) (127)	382,516 * 1,304,808 * 998 * 969 * 574 * 4,021 * 0 * 574 * 808 *
				To adjust the SD/MC, Enhanced and Healthy Families units of s to agree with the County's records and supporting documents. submitted work papers to the County which shows the details of adjustments. Phase II was included. See the MH 1970 workshoreflect the units/time for the three (3) reimbursement periods. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	The auditor the above			

Provide	ır				Provider Number	No. of Adj.		Period Ended
	MONTER	EY COL	JNTY		00027	89	June	30, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
INO.	SCII.	Lille	OOI.	ADJUSTMENTS TO REPORTED SD/MC UNITS/ CONTRACT PROVIDERS	<u>rime</u>			
76 77 78 79	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 MEDI-CAL UNITS 10/01/02 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02 ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02 HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03 To adjust the above mentioned units of service/time to incorpo of the lower of DMH approved units vs. the County's records by auditor submitted work papers to the County which shows deta adjustments. Phase II was included. See the MH 1970 sorksh	//03 * * * * * * * * * * * * *	* 382,516 * 1,304,808 * 998 * 969 * 574 * 4,021 * 574 * 808	(519) (880) 0 (68) (574) (928) 0 0	381,997 1,303,928 998 901 0 3,093 0 574 808
80 81	МН 1968 МН 1968	28 28A	K	reflect the units/time for the three (3) reimbursement periods. ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - COUNTY PATIENT AND OTHER PAYOR REVENUES 07/01/02 - 09/30/ PATIENT AND OTHER PAYOR REVENUES 10/01/02 - 06/30/	/02	\$ 4,839 \$ 7,130	\$ (2,404) \$ 25,566	\$ 2,435 \$ 32,696
82	MH 1968	28	K	ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - CONTRACT PROVIDER PATIENT AND OTHER PAYOR REVENUES 07/01/02 - 09/30/		\$ 0	\$ 996	\$ 996 \$ 7,455
83	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUES 10/01/02 - 06/30	Interim	\$ 0	\$ 7,455	\$ 7,455
84	MH 1968 MH 1968	28 28A	K	PATIENT AND OTHER PAYOR REVENUES 07/01/02 - 09/30/ PATIENT AND OTHER PAYOR REVENUES 10/01/02 - 06/30/	Unity	\$ 0 \$ 0	\$ 87 \$ 0	\$ 87 \$ 0
				To adjust patient and other payor revenues to agree with the C and supporting documentation * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	ounty's records			

Provide	r MONTERI	EY COL	INTY		Provider Number 00027	No. of Adj. 89	Fiscal June	Period e 30, 2	
	Report Re	ference		EVEL ANATION OF AUDIT AD HISTME	NITO	As Reported	Increase (Decrease)		As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Nopolica	 (300.000)	-	
			-	ADJUSTMENTS TO REPORTED SD/MC SETTLES COUNTY PROVIDERS	<u>WENT</u>				
85 86	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED TOTAL HEALTHY FAMILIES REIMBURSEMENT	SD/MC)	\$ 6,238,294 \$ 117,882	(87,939) (8,340)	\$	6,150,355 109,542
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Farr to adjustments to costs, revenues, units of service/tiem and the the Medical Oversight audit.	nilies (FFP) due e results of				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEI COUNTY PROVIDERS	<u>VIENT</u>				
87 88	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED TOTAL HEALTHY FAMILIES REIMBURSEMENT	SD/MC)	\$ 3,939,017 \$ 0	\$ 15,869 6,547	\$ \$	3,954,886 6,547
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to to revenues and units of service/time.	adjustments				
				Interim, Inc. Unity Care Group, Inc. Natividad Medical Center Odd-Fellow Rebekah Edgewood Milhous Children's Services Sunny Hills Summitview North Valley Schools Charis Youth Center Proyecto Unidad FSA of Pajaro Valley FSA of Monterey County\		\$ 1,632,667 1,201,243 400,242 74,814 124,176 22,338 2,174 15,260 4,866 66,737 373,599 313 20,588 \$ 3,939,017	34,513 (4,022) 4,977 1,675 2,837 (1,278) 0 (65) 0 (11,352) (4,869) 0	\$	1,667,180 1,197,221 405,219 76,489 127,013 21,060 2,174 15,195 4,866 55,385 368,730 313 20,588 3,961,433
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

Provider	MONTER	EY COU	NTY		Provider Number 00027	No. of Adj. 89	l .	Period Ended e 30, 2003
	Report Re	ference		EVELANATION OF AUDIT AD INCTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT				
89	Sch 4			EPSDT - SGF To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on lines 16, 16A, 17,17 Column C of form MH 1979 of audited County and Contract Pr	'A and 18,	\$ 3,318,654	\$ (11,368)	\$ 3,307,286
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: MONTEREY COUNTY

County Code: 27

	Legal Entity: MONTEREY COUNTY	A	В	С
Leg	gal Entity Number: 00027	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	12,470,326	14,382,536	26,852,862
2	Encumbrances		620,641	620,641
3	Less: Payments to Contract Providers (County Only)		(11,135,517)	(11,135,517)
4	Other Adjustments (Provide Detail)	333,755	1,342,327	1,676,082
5	Total Costs Before Medi-Cal Adjustments	12,804,081	5,209,987	18,014,068
6	Medi-Cal Adjustments from MH 1961			41,092
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			18,055,160
	Administrative Costs (County Only)			
9	SD/MC Administration			1,921,731
10	Healthy Families Administration			29,592
11	Non-SD/MC Administration			945,856
12	Total Administrative Costs			2,897,179
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			180,061
14	Other SD/MC Utilization Review			38,073
15	Non-SD/MC Utilization Review			99,677
16	Total Utilization Review Costs			317,811
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			14,840,170
19	Total Costs - Lines 9 through 18			18,055,160

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **MEDI-CAL ADJUSTMENTS TO COSTS** MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: MONTEREY COUNTY

County Code: 27

	Legal Entity: MONTEREY COUNTY	А	В	С
Le	gal Entity Number: 00027	Salaries		Total
		and Benefits	Other	Adjustments
1	PER ORIGINAL COST REPORT			
2				
3	Fixed Assets Depreciation		108,936	108,936
4	Public Guardian Costs	(333,755)	(241,472)	(575,227)
5	CALWORKS Funding		(366,330)	(366,330)
6				
7	ADJUSTMENTS PER AUDIT			
8				
9	Fixed Assets Depreciation		(67,844)	(67,844)
10	Adjusted the above adjustment to reflect the audited			
11	amount of \$41,092.			
12				
13	Public Guardian Costs	333,755	241,472	575,227
14	Public Guardian costs were already deducted in			
15	other adjustments (MH 1960, Line 4)			
16				
17	CALWORKS Funding		366,330	366,330
18	Could not locate this expense in the GL.			
19				
20	Total Adjustments		41,092	41,092

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: MONTEREY COUNTY

County Code: 27

	Legal Entity: MONTEREY COUNTY	A
Le	gal Entity Number: 00027	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,840,170
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,313,913
5	Outpatient Services (Mode 15 Program 1 + Program 2)	13,027,804
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	498,453
9	Total - Lines 2 through 8	14,840,170

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: MONTEREY COUNTY

Mode Function Fu		County Code: 27			CR	CR				
Ligage Erity Number: 00.027 Service Service Service Service Service Service Number: 00.027 Number: 00.027 Service Service Service Service Function				А	В	С	D	E	F	G
Mode 10 - Day Services	Leg	gal Entity Number: 00027			Service	Service		Service	Service	Service
1				Mode Total	Function	Function	Function	Function	Function	Function
2 Total Units										
Corso Cost				100.00%						
Section Sect	2									
177.60 115.14	3	Gross Cost		1,313,913	541,304	772,609		****************		
Published Charge per Unit 17,60 115,14	4	Cost per Unit	<u> </u>		127.04	101.61				
7. Negotiated Raile / Cost per Units	5	SMA per Unit			177.60	115.14				
Medi-Cal Units	6	Published Charge per Unit			177.60	115.14				
Age	7	Negotiated Rate / Cost per Unit								
Age	8		07/01/02 - 09/30/02		1 003	698	223242323232323232	<u>:::::::::::::::::::::::::::::::::::::</u>	<u> </u>	11-1-1-1-1-1-1-1-1-1
Medicare/Medi-Cal Crossover Units		Medi-Cal Units								
An					0,000	2,000				
Privanced SD/MC (Children) Units		Medicare/Medi-Cal Crossover Units								
1001 1001										
108 Erhanced SDMC (Refugees) Units		Enhanced SD/MC (Children) Units				4	· ·			
		Enhanced SD/MC (Refugees) Units								
11,14	11									
12 Norn-Medi-Cal Units 198 4,000	11A	Healthy Families (SED) Units				99				
Medi-Cal Costs	12	Non-Medi-Cal Units			195					
1001/02 - 06/30/03 37.3 91.4 389.11.4 284.800	10000		To7/04/00 00/00/00	400,000		44.44.44.44.44.44.4				
Medi-Cal SMA Upper Limits		Medi-Cal Costs								
Medi-Cal Suku Opper Limits 10/01/02 - 06/30/03 866,726 543,989 322,737										
15		Medi-Cal SMA Upper Limits								
16A Medi-Cal Negotiated Rates 100/10/2 - 06/30/03 866,726 543,889 322,737								····	· · · · · · · · · · · · · · · · · · ·	
Medi-Cal Negotiated Rates		Medi-Cal Published Charges								
10/01/02 - 06/30/03				800,720	543,969	322,737				
		Medi-Cal Negotiated Rates								
17A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 -	5.55			-0.000101010101000000000000000000000000	(415) (415)					Telegaleteletelet
17A	17	Medicare/Medi-Cal Crossover Costs								
18/24	17A	iviedicare/iviedi-oar orossover oosts								
1001/02 - 06/30/03 1001/02	18	Medicare/Medi-Cal Crossover SMA Upper Limits								
	18A	The diddictived our crossover over opportunite								
100/10/2 - 09/30/02 200	19	Medicare/Medi-Cal Crossover Published Charges						···		
Total Tota										
Comparison of Control of Contro	20	Medicare/Medi-Cal Crossover Negotiated Rates								
Continued Styling Costs 10/01/02 - 06/30/03 406	20A		10/01/02 - 06/30/03						 	
Continued Styling Costs 10/01/02 - 06/30/03 406	21	=	07/01/02 - 09/30/02					·····		
Enhanced SD/MC SMA Upper Limits	21A	Ennanced SD/MC Costs		406		406				
10/01/02 - 06/30/03 461	22	Established ONA Market College								
23	22A	Ennanced SU/MC SWA Upper Limits	10/01/02 - 06/30/03	461		461				
10/01/02 - 06/30/03 461	23	Enhanced CD/MC Dublish Character							· · · · · · · · · · · · · · · · · · ·	
24 Enhanced SD/MC Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03	23A	Ennanced SD/MC Published Charges		461		461				
24A Enhanced SD/MC (Refugees) Costs 10/01/02 - 06/30/03	24	Enhanced CD/MC Negationed Dates								
Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03	24A	Ennanced SUNIVIC Negotiated Kates		1						
26		Enhanced SDIMC (Refunees) Costs			***************************************		3,	***************************************		12010111000
Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03				ļ						
Part				 						
Healthy Families Costs 07/01/02 - 09/30/02 10,059 10,059				 			-			
Healthy Families Costs 10/01/02 - 06/30/03 10,059 10,059	-:-:-	Emanced SUNIC (Relugees) Negotiated Rates				<u></u>		ELECTRONICS IN		
10/01/02 - 06/30/03 10,059	29	Healthy Families Costs								
10/01/02 - 06/30/03	29A	Troubly Furnites Obsts		10,059		10,059				
100/10/2 - 06/30/03	30	Healthy Families SMA Unner Limits								
Healthy Families Published Charges	30A	Tiousing I aminios oner oppor Limito		11,399		11,399				
11/0/1/02 - 06/30/03 11,399 11,399 13,399 13,399 13,399 14	31	Healthy Families Published Charges								
10/01/02 - 06/30/03	31A	Trouting Farrings Fubilities Office Office		11,399		11,399				
22A - 10/01/02 - 06/30/03	32	Healthy Families Negotiated Rates								
3 Non-Medi-Cal Costs 431 195 24 772 406 422	32A		10/01/02 - 06/30/03							
	33	Non-Medi-Cal Costs	<u>, 14,14,14,14,14,14,14,14,14,14,14,14,14,1</u>	431 105	24 772	406 422	<u> </u>	141414141414141414141	.1.1.1.1.1.1.1.1.1.7.7.1.1	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: MONTEREY COUNTY County Code: 27 CR CR CR

DETAIL COST REPORT

County Code: 27			CR	CR	CR	CR		
Legal Entity: MONTEREY COUNTY		Α	В	С	D	Е	F	G
Legal Entity Number: 00027			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
		<u> </u>	01	10	60	70		
1 Allocation Percentage		100.00%	23.75%	56.06%	16.69%	3,50%		
2 Total Units			1,867,687	3,421,643	549,106	142,727		
3 Gross Cost		12,978,110	3,082,880	7,275,265	2,166,087	453,879		
4 Cost per Unit	3-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1.65	2.13	3.94	3.18		
5 SMA per Unit	reitm		1.77	2.28	4.23	3.41		
6 Published Charge per Unit			1.77	2.28	4.23	3.41		
7 Negotiated Rate / Cost per Unit								
	7.			505 500		40.000	WINDSHEET.	
8 Medi-Cal Units	07/01/02 - 09/30/02		350,046	525,732	82,808	18,387		
8A Wedi-Gar Office	10/01/02 - 06/30/03		1,102,364	1,733,695	251,739	44,504		
9 Medicare/Medi-Cał Crossover Units	07/01/02 - 09/30/02				693			
9A Wedicare/Medi-Oar Cressover Critis	10/01/02 - 06/30/03				46,065			
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		833	1,760	65			
10A	10/01/02 - 06/30/03		1,114	4,753	375	430		
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02		4,006	15,988	1,287	731		
11A	10/01/02 - 06/30/03		8,791	32,190	1,740	1,161		
12 Non-Medi-Cal Units			400,533	1,107,525	164,334	77,514		
13 10-11-0-1	07/01/02 - 09/30/02	2,080,766	577,800	1,117,837	326,657	58,472	1-	<u> </u>
13A Medi-Cal Costs	10/01/02 - 06/30/03	6,640,446	1,819,607	3,686,267	993,048	141,525		
14	07/01/02 - 09/30/02	2,231,228	619,581	1,198,669	350,278	62,700		
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	7,120,623	1,951,184	3,952,825	1,064,856	151,759		
15	07/01/02 - 09/30/02	2,231,228	619,581	1,198,669	350,278	62,700		
Medi-Cal Published Charges	10/01/02 - 06/30/03	7,120,623	1,951,184	3,952,825	1,064,856	151,759		
16	07/01/02 - 09/30/02	1,120,025	1,551,104	0,002,020	1,004,000	151,700		
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
					233200000000000	and the second second		i di
17 Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	2,734			2,734			
17A	10/01/02 - 06/30/03	181,715			181,715			
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	2,931			2,931			
18A	10/01/02 - 06/30/03	194,855			194,855			
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	2,931			2,931			
19A	10/01/02 - 06/30/03	194,855			194,855			
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	10/01/02 - 06/30/03							
21 CD/MC C	07/01/02 - 09/30/02	5,374	1,375	3,742	256			
	10/01/02 - 06/30/03	14,792	1,839	10,106	1,479	1,367		
21A CHIMINOS OBJANO OSSIS						1,36/		
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	5,762	1,474	4,013	275	4 465		
22A Emanded OB/MO CAM Copper Emand	10/01/02 - 06/30/03	15,861	1,972	10,837	1,586	1,466		
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	5,762	1,474	4,013	275			
23A Emanded Object of abilished offarges	10/01/02 - 06/30/03	15,861	1,972	10,837	1,586	1,466		
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	10/01/02 - 06/30/03				****************			ORGANIZATANIAN
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		1					<u> </u>
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
7 Enhanced SD/MC (Refugees) Published Charges								
Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
				200				
Healthy Families Costs	07/01/02 - 09/30/02	48,008	6,612	33,994	5,077	2,325		
Z9A	10/01/02 - 06/30/03	93,511	14,511	68,444	6,864	3,692		
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	51,480	7,091	36,453	5,444	2,493		
3UA	10/01/02 - 06/30/03	100,272	15,560	73,393	7,360	3,959		
Healthy Families Published Charges	07/01/02 - 09/30/02	51,480	7,091	36,453	5,444	2,493		
31A	10/01/02 - 06/30/03	100,272	15,560	73,393	7,360	3,959		
Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	10/01/02 - 06/30/03							
33 Non-Medi-Cal Costs		3,910,765	661,136	2,354,874	648,257	246,498	<u> </u>	
o Tron mod-odi oosia	t	0,010,100	001,100 1	2,007,014	070,231	240,400		

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: MONTEREY COUNTY

County: MONTEREY COUNTY County Code: 27			MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: MONTEREY COUNTY	Α	В	С	D	E	F	G	
Legal Entity Number: 00027		Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
4 All 6 - D 1		100.000	30	40	60	10	30	40
Allocation Percentage Total Units		100.00%	0.47%	0.40%	25.36%	3.61%	0.22%	6.79%
3 Gross Cost		49,694	445 236	530 200	8,810 12,602	780 1,794	110	1,650 3,376
	4,000,000,000,000,000	45,054			440044644			
4 Cost per Unit			0.53	0.38	1.43	2,30	2.20	2.05
5 SMA per Unit			2.28	2.28	4.23	2.28	2.28	2.28
6 Published Charge per Unit 7 Negotiated Rate / Cost per Unit								
	opados de la composición de				171-151-151-151-151-1	44.000.000.000	11/14/14/14	773 :- 1 - 1 - 1 - 1 - 1 <u>- 1 - 1</u> -
Medi-Cal Units	07/01/02 - 09/30/02		40	110	1,195	240		300
8A	10/01/02 - 06/30/03		325	330	5,925	540	50	1,200
9 Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A {	10/01/02 - 06/30/03							
Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A	10/01/02 - 06/30/03							
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	10/01/02 - 06/30/03				4.000			/
12 Non-Medi-Cal Units	nanianananan arabatan		80	90	1,690		.,	150
13 Medi-Cal Costs	07/01/02 - 09/30/02	7,905	21	42	1,709	552		614
13A	10/01/02 - 06/30/03	37,258	172	125	8,475	1,242	110	2,455
14 Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	17,458	91	251	5,055	547		684
14A Wedi-Gai SiviA Opper Limits	10/01/02 - 06/30/03	85,585	741	752	25,063	1,231	114	2,736
Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A	10/01/02 - 06/30/03							
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	10/01/02 - 06/30/03							
17	07/01/02 - 09/30/02	*****			***********	*****	************	
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	07/01/02 - 09/30/02	<u> </u>						
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	10/01/02 - 06/30/03							***************************************
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A Neulcare/vieul-Cai Crossover Negotiated Rates	10/01/02 - 06/30/03							
21 February SD/MC Contra	07/01/02 - 09/30/02							
Enhanced SD/MC Costs	10/01/02 - 06/30/03							
22	07/01/02 - 09/30/02	 						
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23	07/01/02 - 09/30/02							
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24	07/01/02 - 09/30/02							
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
					Maria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de	disamanina		<u>Propositions</u>
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	 						
27 Enhanced SD/MC (Refugees) Published Charges 28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03		2.0.00000000000000000000000000000000000	<u>iki manjari ma</u>			Marana and a	dan Balans
29 Healthy Families Costs	07/01/02 - 09/30/02							
29A	10/01/02 - 06/30/03							
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A	10/01/02 - 06/30/03							
Healthy Families Published Charges	07/01/02 - 09/30/02							
31A	10/01/02 - 06/30/03							
Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A Treating Farmines (regulated reales	10/01/02 - 06/30/03							
33 Non-Medi-Cal Costs		4,531	42	34	2,417		(0)	307

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County	MONTEREY COUNT	/
County.	MONTERET COOM	7

	County: MONTEREY COUNTY County Code: 27		MHS	MHS	MHS	MHS			
	Legal Entity: MONTEREY COUNTY		н	1	J	K	L	M	N
Le	gal Entity Number: 00027		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
			30	40	30	40			
1	Allocation Percentage		0.90%	2.71%	0.97%	58.56%			
2	Total Units		200	2,000	750	27,600			
3	Gross Cost		448	1,348	480	29,100			
4	Cost per Unit	2,	2.24	0.67	0.64	1.05			************
5	SMA per Unit		2.28	2.28	2.28	2.28			
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8		07/01/02 - 09/30/02	latelalatelatelatata		100	4,650			
8A	Medi-Cal Units	10/01/02 - 06/30/03	200	2,000	500	21,400			
9		07/01/02 - 09/30/02		2,000	- 555	21,100		-	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	*****						~~.
10		07/01/02 - 09/30/02							
10A	Enhanced SD/MC Units	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11		07/01/02 - 09/30/02						 	
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units	1.0.01102 00/00/00			150	1,550			
7777			100000000000000000000000000000000000000			1111111111111111111111			
13	Medi-Cal Costs	07/01/02 - 09/30/02			64	4,903			
13A		10/01/02 - 06/30/03	448	1,348	320	22,563			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			228	10,602	······································		
14A		10/01/02 - 06/30/03	456	4,560	1,140	48,792			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A	3	10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03				····			
17		07/01/02 - 09/30/02							terral and a terral and a terral
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Madiagra Madi Cal Crasquiar SMA Llanar Limita	07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03					•		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	iviedical e/iviedi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	Wedicare/Wedi-Oar Crossover Negotiated Trates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02							
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03							
22		07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23		07/01/02 - 09/30/02			+				
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24		07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
			aannaaanna	0.0000000000000000000000000000000000000	120034122000	<u> </u>	and the same of th	2012/2012/2012	444444
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							~
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							****************
29	Haalthy Camilion Costs	07/01/02 - 09/30/02						*************	en e
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30	Healthy Familian CMA Hones Limite	07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03							
31	Harliby Familian Dublished Charry	07/01/02 - 09/30/02							***************************************
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32	Haalthy Camilian Nagotiate 4 Dates	07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
	Non Madi Cal Casta		zacernej <u>i</u> je			2000			
33	Non-Medi-Cal Costs		(0)		96	1,634	<u> </u>	1	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: MONTEREY COUNTY

County Code: 27 CR CR CR CR

	Legal Entity: MONTEREY COUNTY	Α	В	С	D	E	F	G
Le	gal Entity Number: 00027		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
			20	30	60	40		
1	Allocation Percentage	100.00%	18.33%	18.32%	20.35%	43.00%		
2	Total Units		1,673	1,672	4,400	7,064		
3	Gross Cost	498,453	91,365	91,310	101,456	214,322		
4	Cost per Unit		54.61	54.61	23.06	30.34	1:	
5	Non-Medi-Cal Units (Same as Line 2)		1,673	1,672	4,400	7,064		7
6	Non-Medi-Cal Costs (Same as Line 3)	498,453	91,365	91,310	101,456	214,322		

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

MH 1968 (10/04) County: MONTEREY COUNTY												Tear 2002-2003
County Code: 27		REIMBURSEMENT TYPE PC Costs									Costs	
Legal Entity: MONTEREY COUNTY Legal Entity Number: 00027		A	8		D	E Total	F	G	Н	Total	J	K Total
Cogal Emity Walmber. 00027			Mode 55	,	Total	Inpatient			1 14 1 15	Outpatient		Outpatient
		S. F.'s 01-09	S. F.'s 11-19, 31-39	S, F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col. 1 + Col. J)
1 Medi-Cal Costs	07/01/02 - 09/30/02							198,339	2,080,766	2,279,104	7,905	2,287,009
1A 2 Medi-Cal SMA	10/01/02 - 06/30/03 07/01/02 - 09/30/02							673,914 258,501	6,640,446 2,231,228	7,314,361 2,489,728	37,258 17,458	7,351,619 2,507,186
2A	10/01/02 - 06/30/03 07/01/02 - 09/30/02							866,726 258,501	7,120,623	7,987,350 2,489,728	85,585	8,072,935 2,489,728
3A Medi-Cal P. C.	10/01/02 - 06/30/03							866,726		7,987,350		7,987,350
4 Medi-Cal N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						. . <u>.</u>		<u> </u>			
	07/01/02 - 09/30/02							198,339	2,080,766	2,279,104	7,905	2,287,009
5A Medi-Cal Gross Reimbursement	10/01/02 - 06/30/03							673,914		7,314,361	37,258	7,351,619
6 Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								2,734	2,734		2,734
6A	10/01/02 - 06/30/03 07/01/02 - 09/30/02						 		181,715 2,931	181,715 2,931		181,715 2,931
7A Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03								194,855	194,855		194,855
8 Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								2,931 194,855	2,931 194,855		2,931 194,855
9 Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
10 Madiagra/Madi Cal Crassour Crass Raim	10/01/02 - 06/30/03 07/01/02 - 09/30/02					audamana a	lancorea.	laterate	2,734	2,734		2,734
10 Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03								181,715	181,715		2,734 181,715
11 Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							198,339	2,083,499	2,281,838	7,905	2,289,743
11A	10/01/02 - 06/30/03						Talento Santa	673,914		7,496,076	37,258	7,533,334
12. Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						 	406	5,374 14,792	5,374 15,198	<u> </u>	5,374 15,198
13 Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								5,762	5,762		5,762 16,322
13A	10/01/02 - 06/30/03 07/01/02 - 09/30/02						 	461	15,861 5,762	16,322 5,762		16,322 5,762
14A Enhanced SD/WC (Children) P. C.	10/01/02 - 06/30/03							461	15,861	16,322		16,322
15 Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								 			
16 Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								5,374	5,374		5,374
16A	10/01/02 - 06/30/03							406	14,792	15,198	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15,198
17 Enhanced SD/MC (Refugees) Cost 18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03 07/01/02 - 06/30/03							-				
19 Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03					27444422222222	120000000000000000000000000000000000000	-1502043-0405050	1919 1919 1919 1911			.,
21 Total Medi-Cal Gross Reimbursement 21A (Excludes Refugees)	07/01/02 - 09/30/02 10/01/02 - 06/30/03							198,339 674,321	2,088,873 6,836,953	2,287,212 7,511,274	7,905 37,258	2,295,116 7,548,532
22 Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03							074,021	0,000,000	7,011,214	37,250	7,040,032
23 Healthy Families Cost	07/01/02 - 09/30/02								48,008	48,008		48,008
23A	10/01/02 - 06/30/03 07/01/02 - 09/30/02							10,059	93,511 51,480	103,570 51,480		103,570 51,480
24A	10/01/02 - 06/30/03							11,399	100,272	111,671		111,671
25 Healthy Families P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03							11,399	51,480 100,272	51,480 111,671		51,480 111,671
26 Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
27 Healthy Families Gross Raim	07/01/02 - 09/30/02						1411111111111111	0000000000	40.000	40.000		10.000
27A	10/01/02 - 05/30/03							10,059	48,008 93,511	48,008 103,570		48,008 103,570
Less: Patient and Other Payor Revenues												
28 SD/MC + Crossover Revenues	07/01/02 - 09/30/02 10/01/02 - 06/30/03								2,435 32,696	2,435 32,696		2,435 32,696
29 Enhanced SD/MC (Children) Revenues 30 Enhanced SD/MC (Refugees) Revenues												
31 Healthy Families Revenues												
32 Total Expenditures from MAA (Mode 55)		A PARTICIPATION OF THE PARTICI	i ki salahata ta ta ta ta ta ta	* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1								
33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA			44.4	11%								
	07/01/02 - 09/30/02							198,339	2,086,438	2,284,777	7,905	2,292,681
35A Net Due - SD/MC for Direct Services	10/01/02 - 06/30/03					-		674,321	6,804,257	7,478,578	37,258	7,515,836
36 Net Due - Enhanced SD/MC (Refugees) 37 Net Due - Healthy Families	07/01/02 - 09/30/02								48,008	48,008		48,008
[3/A]	10/01/02 - 06/30/03					(*1-1-12)		10,059	93,511	103,570		103,570
Amount Negotiated Rates Exceed Costs	07/01/02 - 09/30/02											
38 SD/MC (Includes Children)	10/01/02 - 06/30/03											
39 Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02											
40 Healthy Families	10/01/02 - 06/30/03											

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: MONTEREY COUNTY County Code: 27

Legal Entity: MONTEREY COUNTY

	Mode:	10 - Day Se	rvices		A	8	С	D	E	F	G	н	1	J	К	L.	м	N	0	₽	Q	R	s	т	U
Data Type				SD/I	AC + Crossover	Units	Units as a	~	SDIMC + Crossover Gross Reimbursement Costs Using Costs					Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim, Costs - Revenue)				FFP Dollars			
				Source	From MH190	n MH1901 Schedule B	Supplemental	Calc	ulated		From MH19	66_MODE10				1_Schedule_B			Calcu	ulated			Calc		
				Formula				B/(B+C)	C / (B + C)		(D * I)	(E * I)			(D * M)	(E * M)	i	(F - J)	(G - K)	(H - L)	(Q + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	
				Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I % of Units	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part !!	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFF 04/01/02 06/30/03
Cost	MH1901 Sch. B Cost Rpt, Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FEP %	2nd Period/ Part I FFP %	2nd Period/ Part II FEP %	
164930	100001001001	September 1	W1000	W. 17 5 1 6	49851312031E-109	a littratus of fort	20000000	200000	AND COMMEN	C129 - 1 2 2 2	CONCOLOR	GO/GGI GE	- USICEIUS	54 X 16 4 4 1	CASSILLAND CASS		00,000	7948204 (5 CS)	25 5 5 3 3 3 3	53886 G 45.4%	200000	51.40%	50.00%	54.35%	72.50
	. 1	CR	10	85	1.003	2.017	1.046	65.85%	34.15%	127,418	256,233	132,881	389,114					127,418	256,233	132,881	389,114	65,493	128,117	72.221	200,3
	2	CR	10	95	698	1.815	988	64.75%	35.25%	70.921	184,414	100,386	284,800					70.921	184,414	100,386	284,800	36.453	92.207	54,560	146,7
								-																	
									Totals	198,339	440.647	233 267	673,914					198,339	440,647	233,267	673,914	101,946	220.324	126,781	347

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: MONTEREY COUNTY

County Code: 27

Legal Entity: MONTEREY COUNTY

Legal Entity Number: 00027 М Mode: 15 - Outpatient (Program 1) С D Ε G 1 J K N 0 Q R U SD/MC + Crossover Medi-Cal Patient and Other Payor Revenue Net Direct Costs (Gross Reim, Costs - Revenue) Breakdown of 2nd Period SD/MC + Crossover Units Gross Reimbursement Costs FFP Dollars Units as a Percentage From MH1901_Schedule_B_Supplementa From MH1901_Schedule_B Calculated (O + P) (D · M) (E · M) (G - K) (H - L) Period EEP 9 Perio 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ Total 2nd 2nd Period/ 2nd Period/ Total 2nd 2nd Period/ 2nd Period/ Total 2nd 07/01/02 -04/01/02 -1st Period 1st Period Part I Part II Part I % of Units Part II 1st Period Part I Part It 1st Period Part I Part II Period Part I Part II Period 09/30/02 03/30/03 06/30/03 06/30/03 MUTORG MUTGO 2nd Period/ 2nd Period/ Cost Sch B Units Units Net Costs 10/01/02 -07/01/02 -Cost Rpt. 07/01/02 10/01/02 04/01/03 10/01/02 04/01/02 07/01/02 04/01/03 10/01/02 10/01/02 04/01/03 10/01/02 -07/01/02 10/01/02 -04/01/03 -10/01/02 1st Period 06/30/03 06/30/03 06/30/03 09/30/02 06/30/03 03/30/03 06/30/03 09/30/02 06/30/03 09/30/02 03/30/03 03/30/03 06/30/03 06/30/03 Column Line # Type Function 09/30/02 03/30/03 FFP % 51.40% 577,800 1,819,60 577,800 1,187,406 1,819,607 296,989 573,317 169,307 30,054 65.26% 66.39% 937,304 1,880,200 350 046 525 732 83 501 34.74% 593.70 343,601 667,369 1,115,402 329,391 58,472 2,425,660 781,440 95,017 33.61% 33.48% 32.86% 1,117,837 329,391 2,447,368 781,440 1,238,899 3,686,26 1,174,76 2,435 21,707 32.696 3,653,571 582,669 10.989 1,227,911 66.52% 198,096 29,879 99.708 393,323 390,720 47,508 604,491 72,786 58,472 95,017 46.508 141,525 46,508 141.52 2,081,064 4,489,523 2,299,942 6,789,465 Equivalent values from MH1968 2,083,499 6,822,161

DETAIL COST REPORT

Fiscal Year 2002-2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: MONTEREY COUNTY

County Code: 27

Legal Entity: MONTEREY COUNTY Legal Entity Number: 00027 Mode: 15 - Outpatient (Program 2) G н j к N 0 Q s U В С D Ε Α SD/MC + Crossover Medi-Cal Patient and Net Direct Costs Breakdown of 2nd Period FFP Dollars Data Type SD/MC + Crossover Units Gross Reimbursement Costs Units as a Percentage Other Payor Revenue (Gross Reim. Costs - Revenue) Using Costs From MH1966_MODE15_(2) From MH1901_Schedule_B_Supplemental From MH1901 Schedule B (D * M) (E * M) Calculated Source (51.40% * N) (50.00% * O) (54.35% * P) | 1st Period 2nd Period/ 2nd Period/ B/(B+C) C/(B+C) (F - J) (0 + P) (S + T) Total 2nd Formula (D*I) (E*I) (H - L) FFP \$ Part II FFP \$ Period FFP Perio 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ Total 2nd 2nd Period/ 2nd Period/ Total 2nd 2nd Period/ 2nd Period/ Total 2nd 07/01/02 -10/01/02 -04/01/02 -04/01/02 -1st Period 1st Period 1st Period Part II 1st Period Part I Part II 09/30/02 03/30/03 06/30/03 06/30/03 Part i Part II Part II % of Units Part I Part II Period Period MH1966 | MH1901 Units 10/01/02 -Units 04/01/03 -Costs 07/01/02 -Units 07/01/02 -Costs Not Costs Net Costs Net Costs Net Costs 2nd Period/ 2nd Period/ Cost Sch. B 10/01/02 -07/01/02 -10/01/02 -04/01/03 -10/01/02 -04/01/02 -04/01/03 10/01/02 -07/01/02 -Report Cost Rpt. Settlement Service 10/01/02 10/01/02 -04/01/03 -10/01/02 -1st Period Part I Part II FFP % 51.40% FFP % 50.00% Column Line# Type Mode Function 09/30/02 03/30/03 06/30/03 03/30/03 06/30/03 09/30/02 03/30/03 06/30/03 06/30/03 09/30/02 03/30/03 06/30/03 06/30/03 09/30/02 03/30/03 06/30/03 06/30/03 12.31% MHS MHS MHS 125 7.925 966 100.00% 1,709 125 8.475 6.50% 93.50% 77.78% 3.962 483 4,262 633 276 1.242 552 276 MHS 966 1.242 284 100.00% 58.33% 55 1.272 316 300 41.67% 614 1.023 2.455 614 1.432 1.023 2.455 MHS MHS 224 699 164 573 42.50% 311 18 MHS 15 MHS MHS 64 320 22.563 70 00% 30.00% 224 64 33 4.650 14,700 68.69% 31.31% 3.839 40 Totals 7.905 27.654 9 604 7.905 27.654 9,604 37,258 4,063

37 258

Equivalent values from MH1968

7,905

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: MONTEREY COUNTY Source: Source: County Code: 27 MH1978 E8 MH1978 F8

County Code. 21							MH1978 E8	MH1978 F8	<u></u>		
Legal Entity: MONTEREY COUNTY		A	В	С	D	E	F	G	Н	1	J
Legal Entity Number: 00027	-	Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.47% FFP	¹ Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County											
1 County SD/MC Direct Service Gross Reimburse				9,843,649	9,843,649						
2 Contract Provider Medi-Cal Direct Service Gross			786,915	6,880,886	7,667,801						
3 Total Medi-Cal Direct Service Gross Reimburser	ment				17,511,450						
4 Medi-Cal Administrative Reimbursement Limit					2,626,717						
5 Medi-Cal Administration					1,921,731						
6 Medi-Cal Administrative Reimbursement					1,921,731	960,866					960,866
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross R				161,620	161,620						
8 Healthy Families Administrative Reimbursement					16,162						
9 Healthy Families Administration					29,592						
10 Healthy Families Administrative Reimbursement					16,162				10,546		10,546
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	3										
12 Medi-Cal Admin. Activities Svc Functions 11 - 19	9, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				180,061					135.046	135,046
15 Other SD/MC Utilization Review (County Only)					38,073	19,037					19,037
16 SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02			2,287,308	2,287,308		1,175,676				1,175,676
	10/01/02 - 06/30/03			7,500,638	7,500,638			3,860,931			3,860,931
	07/01/02 - 09/30/02			5,374	5,374				3,545		3,545
17A Enhanced Sulvic Net Relimb. (Children)	10/01/02 - 06/30/03			15,198	15,198				9,879		9,879
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FF	P										6,164,980
20 Amount Negotiated Rates Exceed Costs - SD/Mi	C & Enh. SD/MC										
21 Total SD/MC Reimbursement (FFP)											6,164,980
Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)	Adjusted Total SD/MC Reimbursement (FFP)										6,164,980
Healthy Families Net Reimbursement 07/01/02 - 09/30/01/02 - 06/30/01/01/01/01/01/01/01/01/01/01/01/01/01				48.008	48,008				31.676		31.676
				103,570	103,570				67,320		67,320
25 Total Healthy Families Reimbursement Before E											109,542
26 Amount Negotiated Rates Exceed Costs - Health			<u>ندا بالمشماعات المتحامل بالمتحام</u>								
27 Total Healthy Families Reimbursement											109,542
			to the first and a first a	*******************************	المتعادلة المتعادلية المتعادلية والمتعادلة			Caratalahahahahahah		المتحقيقية كالمحاجبات	,2 12